M

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

10904

CERTIFICATE OF DEATH

Reg. Dist. No. 100

1. PLACE OF DEATH: COUNTY Charles MARYLAND	2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Charles
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN La Plata — LENGTH OF STAY (in this place)	CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN La Plata
HOSPITAL OR INSTITUTION OR STREET ADDRESS	STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print)	(First) Beverly	(Middle) H.	(Last) Barnes	4. DATE OF DEATH	(Month) Nov. 24, (Day) 1951 (Year) 19
5. SEX Male	6. COLOR OR RACE white	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Married	8. DATE OF BIRTH Apr. 22, 1900	9. AGE last birthday 51 yrs.	If under 1 year Months. Days; If under 24 hrs. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Postmaster	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country) Charles County, Md.	12. CITIZEN OF WHAT COUNTRY? USA		
13. FATHER'S NAME William M. Barnes		14. MOTHER'S MAIDEN NAME Elen C. Nalley			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no (If year, give war or dates of service) no	16. SOCIAL SECURITY NO.	17. INFORMANT AND ADDRESS Mariam Barnes, La Plata, Md.			

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH		INTERVAL BETWEEN ONSET AND DEATH
Immediate cause	(a) Coronary Occlusion	11-24-51
420.1 Antecedent cause(s)	(b) Coronary Heart Disease	1948
Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last 94a	(c)	
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? Yes ☐ No ☐
21. ACCIDENT SUICIDE HOMICIDE (Specify)	PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.)	(CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.	INJURY OCCURRED While at Work ☐ Not While At work ☐	HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 11-15, 1948, to 11-24, 1951, that I last saw the deceased alive on 11-24, 1951, and that death occurred at 7:30 m., from the causes and on the date stated above.

SIGNATURE	(Degree or title)	ADDRESS	DATE SIGNED
J. Edelen	M.D.	La Plata Md.	

23. BURIAL, CREMATION REMOVAL (Specify) Burial	DATE 11-26-51	NAME OF CEMETERY OR CREMATORY Mt. Rest	LOCATION (City, town, or county) (State) La Plata, Md.
DATE REC'D BY LOCAL REG. 11/26/51	REGISTRAR'S SIGNATURE Julia H. Pasey	24. FUNERAL DIRECTOR Huntt & Ryan, Waldorf, Md	ADDRESS

270-906

RECEIVED
NOV 29 19
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

16305

Reg. Dist. No. 100

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS: A15

1. PLACE OF DEATH: COUNTY Charles — MARYLAND	2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland — COUNTY Charles
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN La Plata — LENGTH OF STAY (In this place)	CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN La Plata
HOSPITAL OR INSTITUTION OR STREET ADDRESS	STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print): (First) Richard. (Middle) A (Last) BIVINS.				4. DATE OF DEATH: (Month) Nov (Day) 1 (Year) 1951	
5. SEX: Male.	6. COLOR OR RACE: Negro.	7. SINGLE, MARRIED, WIDOWED, DIVORCED. (Specify) Widowed	8. DATE OF BIRTH: Jan. 5, 1884	9. AGE: last birthday 67 yrs.	If under 1 year: Months / Days / If under 24 hrs.: Hours / Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Farmer Land	10b. KIND OF BUSINESS OR INDUSTRY: Farm	11. BIRTHPLACE (State or foreign country): Charles Co., Md		12. CITIZEN OF WHAT COUNTRY? USA	
13. FATHER'S NAME: Charles Richard Bivins		14. MOTHER'S MAIDEN NAME: Elizabeth Hemsley			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no	(If year, give war or dates of service)	16. SOCIAL SECURITY NO. —	17. INFORMANT AND ADDRESS: Charles Bivins, La Plata, Md.		

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		Interval Between Onset and Death
Immediate cause	(a) Coronary occlusion.	5 minutes
023X Antecedent cause(s)		
302 Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) Syphilitic heart disease with failure.	4 years.
	(c) Hemiplegia, right.	4 months

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION —	19b. MAJOR FINDINGS OF OPERATION —	20. AUTOPSY? Yes ☐ No ☑

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) —	PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY —	(CITY OR TOWN) —	(COUNTY)	(STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m. —	INJURY OCCURRED While at Work ☐ Not While At work ☐	HOW DID INJURY OCCUR? —		

22. I hereby certify that I attended the deceased from 12 May, 1948, to 20 October, 1951, that I last saw the deceased alive on 20 October 1951, and that death occurred at 9:30 A.M. EST, from the causes and on the date stated above.

SIGNATURE (Degree or title)	ADDRESS	DATE SIGNED
A.O. Woodley. MD.	La Plata. Md.	1 November 1951

23. BURIAL, CREMATION REMOVAL. (Specify)	DATE	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
Burial	11-3-51	Sacred Heart	La Plata Md

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
11/15/51	Julia H. Davey	Hunt & Ryan	Waldorf, Md.

970-116

RECEIVED
NOV 2 1951
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH
FOR MEDICAL EXAMINERS

16906

Reg. Dist. No. 105

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH: COUNTY Charles; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Bryantown; MARYLAND; LENGTH OF STAY (in this place) life; HOSPITAL OR INSTITUTION OR STREET ADDRESS —

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland; COUNTY Charles; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Bryantown (Rural); STREET ADDRESS (If rural, give location) —

3. NAME OF DECEASED (Type or Print): (First) Mary (Middle) Aline (Last) Booth

4. DATE OF DEATH: (Month) November (Day) 20 (Year) 1951

5. SEX: Female

6. COLOR OR RACE: Negro - U.S.

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Widowed

8. DATE OF BIRTH: March 17, 1888

9. AGE last birthday: 63 yrs. If under 1 year: Months / Days; If under 24 hrs: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife

10b. KIND OF BUSINESS OR INDUSTRY: Home

11. BIRTHPLACE (State or foreign country): Maryland

12. CITIZEN OF WHAT COUNTRY? U.S.

13. FATHER'S NAME: Daniel Washington

14. MOTHER'S MAIDEN NAME: Elizabeth Proctor.

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No (If yes, give war or dates of service) —

16. SOCIAL SECURITY No.: None

17. INFORMANT AND ADDRESS: Mary Alice Booth; Bryantown, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		Interval Between Onset and Death
Immediate cause	(a) Acute Coronary Thrombosis	1½ Hours
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b)	
	(c)	

420.1
94a

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: None

19b. MAJOR FINDINGS OF OPERATION: —

20. AUTOPSY? Yes ☐ No ☒

21. EXTERNAL CAUSE WAS PRIMARY ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH. No

PLACE (Home, farm, factory, street, OF office bldg., etc.) INJURY —

(CITY OR TOWN) — (COUNTY) — (STATE) —

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURRED While at work ☐ Not while at work ☐

HOW DID INJURY OCCUR? —

22. *I certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☐, Inquiry ☑ thereon and from the evidence obtained by said ~~Autopsy~~, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☑, accident ☐, suicide ☐, homicide ☐, undetermined ☐.*

SIGNATURE (Degree or title)	ADDRESS	DATE SIGNED
John N. Griffin, M.D.	Hughesville, Md.	11/20/51

23. BURIAL, ~~CREMATION~~ REMOVAL (Specify)	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county)	(State)
Burial	Nov 24-51	St Mary's	Bryantown	Md

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
11-23-51	M R Moore	Smith & Ryon	Waldorf Md

VS. A15A

RECEIVED
NOV 26 1951
BUREAU V. S.

COPY SENT TO ~~LOCAL~~ County REGISTRAR No. _____ DATE 11/26/51

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

10907

Reg. Dist. No. 105

1. PLACE OF DEATH — COUNTY: Charles. MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Pomonkey
LENGTH OF STAY (in this place): 81 years
HOSPITAL OR INSTITUTION OR STREET ADDRESS:

2. USUAL RESIDENCE (HOME) OF DECEASED — STATE: Md. COUNTY: Charles.
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Pomonkey
STREET ADDRESS (If rural, give location):

3. NAME OF DECEASED (Type or Print): (First) Susie (Middle) (Last) Carroll
4. DATE OF DEATH: (Month) Nov. (Day) 13 (Year) 1957
5. SEX: Female
6. COLOR OR RACE: Colored
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Widow
8. DATE OF BIRTH: Oct. 22, 1870
9. AGE last birthday: 81 yrs. If under 1 year: Months / Days. If under 24 hrs.: Hours / Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife
10b. KIND OF BUSINESS OR INDUSTRY: own Home.
11. BIRTHPLACE (State or foreign country): White Plains Md.
12. CITIZEN OF WHAT COUNTRY? U.S.
13. FATHER'S NAME: William Taylor
14. MOTHER'S MAIDEN NAME: Caroline Thomas
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If year, give war or dates of service)
16. SOCIAL SECURITY No.
17. INFORMANT AND ADDRESS: Joe Day Bryans Road Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Cerebral Hemorrhage — 3 mos.

422.2 Antecedent cause(s) (b) Chronic Myocarditis — 3 years.

93d Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: —
19b. MAJOR FINDINGS OF OPERATION: —
20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from ....., 1948, to 11/12, 1957, that I last saw the deceased alive on 11/12, 1957, and that death occurred at 12:30 A m., from the causes and on the date stated above.

SIGNATURE: Frank L. Susan (Degree or title) L.D. ADDRESS: Indian Head Md. DATE SIGNED: 11-13-57.

23. BURIAL, CREMATION REMOVAL (Specify): Burial
DATE: Nov-16-51
NAME OF CEMETERY OR CREMATORY: St. Joseph Pomfret Md.
LOCATION (City, town, or county): Pomfret, Ch. (State): Md.

DATE REC'D BY LOCAL REG.: 11-14-5
REGISTRAR'S SIGNATURE: M. L. Mowrer
24. FUNERAL DIRECTOR: Hunt & Lynn. ADDRESS: Waldorf Md.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

RECEIVED
NOV 16 1951
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH

FOR MEDICAL EXAMINERS

10908

Reg. Dist. No. 105

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. Physicians: please write the causes of death clearly and legibly.

The correct age is especially important.

VS. A15A

1. PLACE OF DEATH: COUNTY Charles — STATE MARYLAND — LENGTH OF STAY (In this place) 1 Day
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN La Plata Md
HOSPITAL OR INSTITUTION OR STREET ADDRESS Phy Mem Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md — COUNTY Chas
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Pomfret Md
STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print): (First) George (Middle) M (Last) Cooksey

4. DATE OF DEATH: (Month) 11 (Day) 12 (Year) 19 51

5. SEX M — 6. COLOR OR RACE W — 7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) — 8. DATE OF BIRTH 5-25-81 — 9. AGE Last birthday 70 yrs. — If under 1 year: Months / Days — If under 24 hrs: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farm — 10b. KIND OF BUSINESS OR INDUSTRY Farm — 11. BIRTHPLACE (State or foreign country) Charles Co Md — 12. CITIZEN OF WHAT COUNTRY US

13. FATHER'S NAME Harrison Cooksey — 14. MOTHER'S MAIDEN NAME Jennie Mattingly

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service) — 16. SOCIAL SECURITY No. NO — 17. INFORMANT AND ADDRESS Mrs Edward Sanders

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Cerebral Hemorrhage — 11-12-51

443X Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last
(b)
932 (c) Hypertensive Heart Disease

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION — 19b. MAJOR FINDINGS OF OPERATION — 20. AUTOPSY? Yes ☐ No ☐

21. EXTERNAL CAUSE WAS PRIMARY ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH. — PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY — (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. — INJURY OCCURRED While at work ☐ Not while at work ☐ — HOW DID INJURY OCCUR?

22. *I certify that I took charge of the remains described above, held an Autopsy ☐, Inspection X, Inquiry ☐ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes X, accident ☐, suicide ☐, homicide ☐, undetermined ☐.*

SIGNATURE C. J. Medlen (Degree or title) M.D. — ADDRESS La Plata Md — DATE SIGNED 11-14-51

23. BURIAL, CREMATION, REMOVAL (Specify) — DATE THEREOF 11/15/51 — NAME OF CEMETERY OR CREMATORY Trinity — LOCATION (City, town, or county) Newport — (State) Md

DATE REC'D BY LOCAL REG. 11-14-51 — REGISTRAR'S SIGNATURE M. L. Moore — 24. FUNERAL DIRECTOR Arnett & Ryon — ADDRESS Waldorf Md

100-105

RECEIVED
NOV 16 1950
BUREAU V. S.

M

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

10909

CERTIFICATE OF DEATH

Reg. Dist. No.....

1. PLACE OF DEATH: COUNTY Charles MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Mt. Victoria Md
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md COUNTY Chas
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Mt Victoria Md
STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print) (First) MARY (Middle) J. (Last) DYSON
4. DATE OF DEATH (Month) 11 (Day) 6 (Year) 1951
5. SEX F
6. COLOR OR RACE Negro
7. ~~SINGLE, MARRIED,~~ WIDOWED, ~~DIVORCED,~~ (Specify)
8. DATE OF BIRTH Nov 14-1874
9. AGE last birthday 76 yrs. If under 1 year Months Days If under 24 hrs. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Clerk
10b. KIND OF BUSINESS OR INDUSTRY U.S. Government Dc
11. BIRTHPLACE (State or foreign country) Charles Co Md
12. CITIZEN OF WHAT COUNTRY? U.S.
13. FATHER'S NAME Henry Middleton
14. MOTHER'S MAIDEN NAME Evelina Bodley
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no (If yes, give war or dates of service) no
16. SOCIAL SECURITY NO. no
17. INFORMANT AND ADDRESS Carroll Middleton

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) MYOCARDITIS

422.2 Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b)

930. (c)

INTERVAL BETWEEN ONSET AND DEATH 1 YEAR

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from OCT 20 1951, to OCT 5, 1951, that I last saw the deceased alive on OCT 5, 1951, and that death occurred at 2 PPM m., from the causes and on the date stated above.

SIGNATURE Ernest Spencer J. MD (Degree or title) ADDRESS Bel Alton Md DATE SIGNED

23. BURIAL, ~~CREMATION~~ ~~REMOVAL~~ (Specify) DATE THEREOF 11-8-51 NAME OF CEMETERY OR CREMATORY Shiloh LOCATION (City, town, or county) Mt Victoria (State) Md

DATE REC'D BY LOCAL REG. Nov. 9, 1951 REGISTRAR'S SIGNATURE C. M. Hedrick
24. FUNERAL DIRECTOR Hunt & Ryon ADDRESS

M

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

10910

CERTIFICATE OF DEATH

Reg. Dist. No. 100

1. PLACE OF DEATH: COUNTY Charles MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN La Plata
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS Physicians Memorial Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md. COUNTY Charles
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN La Plata
STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print) (First) H. (Middle) Holland (Last) Hawkins

4. DATE OF DEATH (Month) Nov. (Day) 3 (Year) 1951

5. SEX M.
6. COLOR OR RACE W.
7. ~~SINGLE~~, MARRIED, WIDOWED, DIVORCED, (Specify)
8. DATE OF BIRTH July 31, 1870
9. AGE last birthday 81 yrs. If under 1 year: Months. Days. If under 24 hrs.: Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Insurance Agent.
10b. KIND OF BUSINESS OR INDUSTRY Insurance
11. BIRTHPLACE (State or foreign country) La Plata, Md
12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME Peter W. Hawkins
14. MOTHER'S MAIDEN NAME Rebecca Wood

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no (If year, give war or dates of service)
16. SOCIAL SECURITY NO.
17. INFORMANT AND ADDRESS Pinkney Hawkins, La Plata, Md

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Coronary Occlusion — INTERVAL BETWEEN ONSET AND DEATH 9-20-51

420.1 Antecedent cause(s) (b) Glu. Art. Sclerosis

74a Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (c) "

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☐

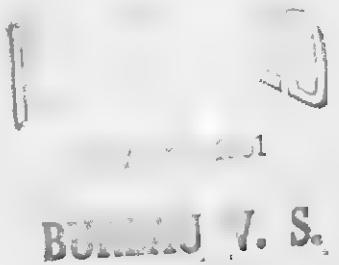
21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from ....., 19....., to 11-3, 1951, that I last saw the deceased alive on 11-3, 1951, and that death occurred at 7:10 P.m., from the causes and on the date stated above.

SIGNATURE C. J. Edelen (Degree or title) M.D. ADDRESS La Plata Md DATE SIGNED 11-5-51

23. BURIAL, CREMATION REMOVAL (Specify) Burial
DATE 11/6/51
NAME OF CEMETERY OR CREMATORY Mt. Rest
LOCATION (City, town, or county) La Plata, (State) Md.

DATE REC'D BY LOCAL REG. 11/5/51
REGISTRAR'S SIGNATURE Julia H. Pasey
24. FUNERAL DIRECTOR Huntt & Ryan, Waldorf ADDRESS Md



MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

M

VS. 415

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

10911

CERTIFICATE OF DEATH

Reg. Dist. No. 106

1. PLACE OF DEATH: COUNTY Charles MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Indian Head Md
LENGTH OF STAY (in this place) 76 years
HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Charles
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Indian Head Md.
STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print) (First) (Middle) (Last) Richard Hugh Knott

4. DATE OF DEATH (Month) (Day) (Year) 19 11/28/51

5. SEX Male

6. COLOR OR RACE W-US.

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Widowed

8. DATE OF BIRTH 3/20/75

9. AGE last birthday 76 yrs. If under 1 year Months Days If under 24 hrs. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) —

10b. KIND OF BUSINESS OR INDUSTRY Merchant

11. BIRTHPLACE (State or foreign country) Maryland

12. CITIZEN OF WHAT COUNTRY? US.

13. FATHER'S NAME Richard T. Knott

14. MOTHER'S MAIDEN NAME Lucy Freeman

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If year, give war or dates of service)

16. SOCIAL SECURITY No. None

17. INFORMANT AND ADDRESS Walter J. Knott

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		INTERVAL BETWEEN ONSET AND DEATH
Immediate cause	(a) Cerbral Hemorrhage	30 Minutes
331X Antecedent cause(s)		
Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) Arterio Sclerosis	Indefinite
93d	(c)	

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Myocarditis Chronic — Indefinite

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify)

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 6/1/51, 19....., to 11/28/51, 19....., that I last saw the deceased alive on 11/28/51, 19....., and that death occurred at 6-15 P.m., from the causes and on the date stated above.

SIGNATURE James E. Andrews (Degree or title) ADDRESS Indian Head Md. DATE SIGNED 11/28/51

23. BURIAL, ~~CREMATION~~ ~~REMOVAL~~ (Specify) DATE 12/1/51 NAME OF CEMETERY OR CREMATORY St Charles LOCATION (City, town, or county) Indian Head Md (State)

DATE REC'D BY LOCAL REG. 11/30/51 REGISTRAR'S SIGNATURE Oby Pierce

24. FUNERAL DIRECTOR Smith & Ry [illegible] ADDRESS [illegible]

RECEIVED
DEC 13 1961
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

10912

CERTIFICATE OF DEATH

Reg. Dist. No. 105

1. PLACE OF DEATH: COUNTY Charles MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Bryans Road
LENGTH OF STAY (in this place) 6 yrs.
HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md COUNTY Charles
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Bryans Road.
STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print) (First) Homer (Middle) Genius (Last) Linkous
4. DATE OF DEATH (Month) Nov. (Day) 29 (Year) 1957

5. SEX Male
6. COLOR OR RACE White
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Married
8. DATE OF BIRTH March 18, 1885
9. AGE last birthday 66 yrs. If under 1 year Months. Days If under 24 hrs. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farmer (Retired)
10b. KIND OF BUSINESS OR INDUSTRY Own Farm
11. BIRTHPLACE (State or foreign country) Blacksburg Virginia
12. CITIZEN OF WHAT COUNTRY? U.S.

13. FATHER'S NAME Wm Burgess Linkous
14. MOTHER'S MAIDEN NAME Mary E Monroe

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If year, give war or dates of service)
16. SOCIAL SECURITY NO. 226-14-3356
17. INFORMANT AND ADDRESS Paul Linkous, Indian Head Md

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		INTERVAL BETWEEN ONSET AND DEATH
Immediate cause	(a) Coronary Occlusion	Instant
420.1 Antecedent cause(s)	(b) Chronic Myocarditis	2 yrs.
Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last 93d	(c)	

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Oct 5 1957, to Nov. 29 1957, that I last saw the deceased alive on Nov. 26, 1957, and that death occurred at 12:30 P m., from the causes and on the date stated above.

SIGNATURE Timothy Susan (Degree or title) M.D. ADDRESS Indian Head Md DATE SIGNED 11-29-57

23. BURIAL, CREMATION REMOVAL (Specify) DATE Nov 30 1957 NAME OF CEMETERY OR CREMATORY Westview LOCATION (City, town, or county) Blacksburg Va (State)

DATE REC'D BY LOCAL REG. Nov 30-57 REGISTRAR'S SIGNATURE M L Monroe
24. FUNERAL DIRECTOR Hewitt & Ryan ADDRESS Waldorf Md

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

DEC 3 1
U.S.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

Reg. Dist. No. 21

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS-A15 8-51

1. PLACE OF DEATH:
COUNTY: Charles — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: rural, Ironside, Md.
LENGTH OF STAY (in this place):
HOSPITAL OR INSTITUTION OR STREET ADDRESS:

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE: Nebraska — COUNTY:
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Omaha
STREET ADDRESS (If rural, give location): 4926 Grand Avenue ✓

3. NAME OF DECEASED: (Type or Print) (First) Rollin (Middle) Eugene (Last) Merrill

4. DATE OF DEATH: (Month) (Day) (Year) 11/4/51 19

5. SEX: Male

6. COLOR OR RACE: white

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): married

8. DATE OF BIRTH: Jan 1, 1923

9. AGE last birthday: 28 yrs. — IF UNDER 1 YEAR: Months 10, Days 3 — IF UNDER 24 HRS.: Hours, Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): airman

10b. KIND OF BUSINESS OR INDUSTRY: U.S. AIRFORCE

11. BIRTHPLACE (State or foreign country): Omaha, Nebraska

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: Owen E. Merrill

14. MOTHER'S MAIDEN NAME: unknown

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) yes — (If Yes, give war or dates of service) 45,46,50,51

16. SOCIAL SECURITY NO.:

17. INFORMANT & ADDRESS: Military Records

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:

Immediate cause (a) Coronary occlusion — INTERVAL BETWEEN ONSET AND DEATH: Nov. 4,51

420.1

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating underlying cause last
(b) DUE TO
(c) DUE TO

II. OTHER SIGNIFICANT CONDITIONS: Conditions contributing to the death but not related to the disease or condition causing death. none

19a. DATE OF OPERATION: none

19b. MAJOR FINDINGS OF OPERATION: none

20. AUTOPSY? Yes ☐ No ☑

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.): highway — (CITY OR TOWN): Ironside — (COUNTY): Chas. — (STATE): Md.

TIME OF INJURY (Month) (Day) (Year) (Hour) M.

INJURY OCCURRED While at work ☐ Not while at work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from....., 19....., to....., 19....., that I last saw the deceased alive on....., 19....., and that death occurred at 11:30 a.m., from the causes and on the date stated above.

SIGNATURE: S/E. J. EDELEN, MD. — DEGREE OR TITLE — ADDRESS: Lt. Pl. Tn. McKYL, ND — DATE SIGNED: Nov. 4, 1951

23. BURIAL, CREMATION REMOVAL (Specify): Burial — DATE THEREOF: 11-7-51 — NAME OF CEMETERY OR CREMATORY — LOCATION (City, town, or county) (State): Omaha, Neb.

DATE REC'D BY LOCAL REG. Nov. 5, 1951 — REGISTRAR'S SIGNATURE: Alma Hall

24. FUNERAL DIRECTOR — ADDRESS: Huntemann Funeral Home, 5732 Georgia Ave. NW, Wash, D.C.

CMC

RECEIVED
APR 8 1952
BUREAU V. S.

COPY SENT TO LOCAL REGISTRAR No. CHO DATE 4-8-52

MARYLAND STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH
FOR MEDICAL EXAMINERS

1631-80

Reg. Dist. No: 125

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct answer is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15A

1. PLACE OF DEATH: COUNTY Chas — STATE MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN La Plata Md
LENGTH OF STAY (In this place) 2 days
HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED — STATE Md — COUNTY Chas
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Waldorf Md
STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print): (First) Horace (Middle) E (Last) Pigeral
4. DATE OF DEATH: (Month) 11 (Day) 9 (Year) 19 51
5. SEX M
6. COLOR OR RACE W
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)
8. DATE OF BIRTH Jan 16 1935
9. AGE Last birthday 16 yrs. — If under 1 year: Months, Days; If under 24 hrs: Hours, Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) None
10b. KIND OF BUSINESS OR INDUSTRY
11. BIRTHPLACE (State or foreign country) Waldorf Md
12. CITIZEN OF WHAT COUNTRY? U.S.
13. FATHER'S NAME Raymond Pigeral
14. MOTHER'S MAIDEN NAME Sally Pigeral
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No
16. SOCIAL SECURITY No. 220
17. INFORMANT AND ADDRESS Marguite Coppage Sister

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		Interval Between Onset and Death
Immediate cause	(a) Internal Hemorrhage	11-7-51
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) Fractured Skull Fractured Left Femur & Fractured Ribs	
	(c) Auto accident Ruptured Kidney	11-7-51

825.5
170.0

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? Yes ☐ No ☐

21. EXTERNAL CAUSE WAS PRIMARY ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH.
PLACE (Home, farm, factory, street, office bldg., etc.) Highway — (CITY OR TOWN) Waldorf — (COUNTY) Chas — (STATE) Md
TIME OF INJURY (Month) 11 (Day) 7 (Year) (Hour) 5:18 p.m.
INJURY OCCURRED While at work ☐ Not while at work ☒
HOW DID INJURY OCCUR? Auto accident

22. I certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☐, Inquiry ☒ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☐, accident ☒, suicide ☐, homicide ☐, undetermined ☐.
SIGNATURE (Degree or title) ADDRESS DATE SIGNED

23. BURIAL, CREMATION, REMOVAL (Specify) Burial | DATE THEREOF 11/12/51 | NAME OF CEMETERY OR CREMATORY Oakland | LOCATION (City, town, or county) Waldorf, Md (State)
DATE REC'D BY LOCAL REG. 11-17-51 | REGISTRAR'S SIGNATURE | 24. FUNERAL DIRECTOR Hunt & Ryon ADDRESS Waldorf, Md

RECEIVED
NOV 14
U.S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 106

1. PLACE OF DEATH COUNTY: Charles — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Rural — LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS:

2. USUAL RESIDENCE (HOME) OF DECEASED STATE: Charles — COUNTY:
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Pisgah
STREET ADDRESS (If rural, give location):

3. NAME OF DECEASED (Type or Print) (First) (Middle) (Last): Mae Ann Harriet Cecilia Queen

4. DATE OF DEATH (Month) (Day) (Year): 11-21-1951

5. SEX: Female
6. COLOR OR RACE: Negro
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Widowed
8. DATE OF BIRTH: 9-27-73
9. AGE last birthday: 78 yrs. — If under 1 year: Months, Days — If under 24 hrs.: Hours, Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): None
10b. KIND OF BUSINESS OR INDUSTRY: Housewife
11. BIRTHPLACE (State or foreign country): Maryland
12. CITIZEN OF WHAT COUNTRY? US

13. FATHER'S NAME: Moses Barsey
14. MOTHER'S MAIDEN NAME: Mary Chilliern

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If year, give war or dates of service): No
16. SOCIAL SECURITY No.:
17. INFORMANT AND ADDRESS: [illegible]

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Nephritis Chronic — Indefinite

446X Antecedent cause(s) (b) Certeno sclerosis — Indefinite

Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (c)

131a

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify):
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE):
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 11-18, 1951, to 10-21, 1951, that I last saw the deceased alive on 11-20-51, 19....., and that death occurred at 12:15 a.m., from the causes and on the date stated above.

SIGNATURE (Degree or title) ADDRESS: James E. Quarrens — DATE SIGNED: 11-21-51

23. BURIAL, CREMATION REMOVAL (Specify): Burial
DATE: 11-25-51
NAME OF CEMETERY OR CREMATORY: Smith Chapel Cemetery
LOCATION (City, town, or county): Pisgah Charles (State): Md.

DATE REC'D BY LOCAL REG.: 11-23-51
REGISTRAR'S SIGNATURE: Mayme E. Ransome
24. FUNERAL DIRECTOR: Johnson & Carter — ADDRESS: 2353 Georgia Ave N.W. Wash. D.C.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

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MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 105

1. PLACE OF DEATH COUNTY Charles County MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Benedict
LENGTH OF STAY (in this place) 6 MO
HOSPITAL OR INSTITUTION OR STREET ADDRESS —

2. USUAL RESIDENCE (HOME) OF DECEASED STATE Maryland COUNTY Calvert
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Benedict
STREET ADDRESS (If rural, give location) Rural

3. NAME OF DECEASED (Type or Print) (First) Carrie (Middle) Elizabeth (Last) Ratherdale
4. DATE OF DEATH (Month) Nov (Day) 16 (Year) 1951

5. SEX Female
6. COLOR OR RACE White
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Widow
8. DATE OF BIRTH Jan 10 1871
9. AGE last birthday 80 yrs. If under 1 year Months. Days If under 24 hrs. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) House Wife
10b. KIND OF BUSINESS OR INDUSTRY Home
11. BIRTHPLACE (State or foreign country) Washington, D.C.
12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME Robert Hall Campbell
14. MOTHER'S MAIDEN NAME Elizabeth Talbot

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If year, give war or dates of service)
16. SOCIAL SECURITY NO. None
17. INFORMANT AND ADDRESS Clarence M Ratherdale, Wash. DC

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Coronary Occlusion — 11-16-51

Antecedent cause(s)

420.1 Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) [illegible]

94 (c) Gen. Art. Sclerosis

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Medical examiner case 11-16-51 19 to 19, that I last saw the deceased alive on 19, and that death occurred at 3 30 A m., from the causes and on the date stated above.

SIGNATURE [illegible] (Degree or title) M.D. ADDRESS [illegible] DATE SIGNED 11-16-51

23. BURIAL, CREMATION REMOVAL (Specify) Burial
DATE 11-19-1951
NAME OF CEMETERY OR CREMATORY Fort Lincoln
LOCATION (City, town, or county) (State) Md.

DATE REC'D BY LOCAL REG. 11-16-51
REGISTRAR'S SIGNATURE M. L. [illegible]
24. FUNERAL DIRECTOR W.W. Chambers. ADDRESS 517-11th St. S.E.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

10916

MARYLAND STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH

FOR MEDICAL EXAMINERS

Reg. Dist. No. 100

1. PLACE OF DEATH — COUNTY: Charles — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: La Plata — LENGTH OF STAY (in this place):
HOSPITAL OR INSTITUTION OR STREET ADDRESS:

2. USUAL RESIDENCE (HOME) OF DECEASED — STATE: Maryland — COUNTY: Charles
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: La Plata
STREET ADDRESS (If rural, give location):

3. NAME OF DECEASED (Type or Print): (First) John (Middle) [illegible] (Last) Shorter
4. DATE OF DEATH: (Month) Nov. (Day) 3 (Year) 1951
5. SEX: M
6. COLOR OR RACE: Negro
7. SINGLE, MARRIED, ~~WIDOWED~~, ~~DIVORCED~~, (Specify)
8. DATE OF BIRTH: 11-23-1926
9. AGE last birthday: 24 yrs. — If under 1 year: Months / Days — If under 24 hrs.: Hours / Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Laborer
10b. KIND OF BUSINESS OR INDUSTRY: Nurse Sandstaff [illegible] Waldorf Md
11. BIRTHPLACE (State or foreign country): Waldorf Md
12. CITIZEN OF WHAT COUNTRY? USA
13. FATHER'S NAME: Signature Shorter
14. MOTHER'S MAIDEN NAME: Mary Pickerel
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) Yes — (If yes, give war or dates of service) WWII
16. SOCIAL SECURITY No.:
17. INFORMANT AND ADDRESS: [illegible] Waldorf Md

18. MEDICAL CERTIFICATION

1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Multiple fracture skull, both legs compound — INTERVAL BETWEEN ONSET AND DEATH: 1 hour

812.5 Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Result of being struck by automobile

1700 (c) Route 301

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? Yes ☐ No ☒

21. EXTERNAL CAUSE WAS PRIMARY ☒ OR CONTRIBUTING ☐ CAUSE OF DEATH.
PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY: State Highway — (CITY OR TOWN): Near La Plata — (COUNTY): Charles — (STATE): Md
TIME OF INJURY (Month) (Day) (Year) (Hour): Nov. 3, 1951 m. — INJURY OCCURRED While at work ☐ Not while at work ☒
HOW DID INJURY OCCUR? Struck by Automobile

22. *I certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☐, Inquiry ☐ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☐, accident ☐, suicide ☐, homicide ☐, undetermined ☐*

SIGNATURE (Degree or title) ADDRESS: [illegible] Waldorf Md — DATE SIGNED: 11/[illegible]

23. BURIAL, CREMATION REMOVAL (Specify): Burial
DATE THEREOF: 11/6/51
NAME OF CEMETERY OR CREMATORY: Ft. Josephs
LOCATION (City, town, or county) (State): Tumbut, Md.
DATE REC'D BY LOCAL REG.: 11/5/51
REGISTRAR'S SIGNATURE: Julia H. [illegible]
24. FUNERAL DIRECTOR — ADDRESS: [illegible] Waldorf Md

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15A

MARYLAND STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH

FOR MEDICAL EXAMINERS

Reg. Dist. No. 10[illegible]

1. PLACE OF DEATH: COUNTY Charles MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN La Plata
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Florida COUNTY Dade
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Miami
STREET ADDRESS (If rural, give location) 1329 - Collins Ave.

3. NAME OF DECEASED (Type or Print) (First) Isaac (Middle) Hillel (Last) Sobel
4. DATE OF DEATH (Month) (Day) (Year) 19[illegible]

5. SEX [illegible]
6. COLOR OR RACE [illegible]
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Married
8. DATE OF BIRTH [illegible]
9. AGE last birthday [illegible] yrs. If under 1 year Months Days If under 24 hrs. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) [illegible]
10b. KIND OF BUSINESS OR INDUSTRY [illegible]
11. BIRTHPLACE (State or foreign country) [illegible]
12. CITIZEN OF WHAT COUNTRY? [illegible]

13. FATHER'S NAME Unknown
14. MOTHER'S MAIDEN NAME Unknown

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) [illegible] (If yes, give war or dates of service) —
16. SOCIAL SECURITY No.
17. INFORMANT AND ADDRESS [illegible] 1401 [illegible]

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Coronary Occlusion — INTERVAL BETWEEN ONSET AND DEATH 11-1-51

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b)

(c)

721.1
94a

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☐

21. EXTERNAL CAUSE WAS PRIMARY ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH.
PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY (CITY OR TOWN) (COUNTY) (STATE)
TIME (Month) (Day) (Year) (Hour) OF INJURY m.
INJURY OCCURRED While at work ☐ Not while at work ☐
HOW DID INJURY OCCUR?

22. *I certify that I took charge of the remains described above, held an Autopsy , Inspection X, Inquiry thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☐, accident ☐, suicide ☐, homicide ☐, undetermined.*

SIGNATURE [illegible] Edelen (Degree or title) M.D. ADDRESS La Plata Md. DATE SIGNED 11-1-51

23. BURIAL CREMATION REMOVAL (Specify) DATE THEREOF 11/1/51 NAME OF CEMETERY OR CREMATORY LOCATION (City, town, or county) (State) [illegible] D.C.

DATE REC'D BY LOCAL REG. 11/1/51 REGISTRAR'S SIGNATURE [illegible]
24. FUNERAL DIRECTOR [illegible] ADDRESS [illegible]

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15A

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 10

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

1. PLACE OF DEATH: COUNTY Charles; STATE MARYLAND; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN La Plata.; LENGTH OF STAY (in this place); HOSPITAL OR INSTITUTION OR STREET ADDRESS Physicians Memorial Hospital.

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md; COUNTY St Mary's; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Rural ~~Doubloon~~ Md; STREET ADDRESS (If rural, give location) Charlotte Hall

3. NAME OF DECEASED (Type or Print): (First) Robert (Middle) Lee (Last) SWANN

4. DATE OF DEATH: (Month) Nov (Day) 4 (Year) 1951

5. SEX: Male

6. COLOR OR RACE: Cs-w.

7. SINGLE, MARRIED, WIDOWED, DIVORCED. (Specify) Single

8. DATE OF BIRTH: Oct 10-1897

9. AGE last birthday: 54 yrs. If under 1 year: Months. Days. If under 24 hrs.: Hours. Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Merchant

10b. KIND OF BUSINESS OR INDUSTRY: Grocer

11. BIRTHPLACE (State or foreign country): Dentsville Md

12. CITIZEN OF WHAT COUNTRY? US

13. FATHER'S NAME: Henry H Swann

14. MOTHER'S MAIDEN NAME: Annie J. Swann

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No (If year, give war or dates of service):

16. SOCIAL SECURITY NO.: ND

17. INFORMANT AND ADDRESS: Agnes Swann Sister

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Coronary Occlusion — Interval Between Onset and Death: 5 min

410X Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last

(b) Rheumatic Heart disease (Mitral) — 10 years

794a (c) Congestive failure — 1 month

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: —

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? Yes ☐ No ☑

21. ACCIDENT SUICIDE HOMICIDE (Specify): —

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.): (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour): —

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from October 24, 1951, to 4 Nov, 1951, that I last saw the deceased alive on 4 Nov, 1951, and that death occurred at 7:12 A m., from the causes and on the date stated above.

SIGNATURE: J Woodly. (Degree or title) M.D ADDRESS: La Plata. Md. DATE SIGNED: 4 Nov 51.

23. BURIAL, CREMATION, REMOVAL (Specify) | DATE: 11-7-51 | NAME OF CEMETERY OR CREMATORY: Trinity | LOCATION (City, town, or county): Newport (State): Md

DATE REC'D BY LOCAL REG. 11/8/51 | REGISTRAR'S SIGNATURE: Julia A. Posey

24. FUNERAL DIRECTOR: Hewitt & Ryon ADDRESS:

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MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

10919

CERTIFICATE OF DEATH

Reg. Dist. No. 100

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

1. PLACE OF DEATH: COUNTY Charles — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Wicomico — LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland — COUNTY Charles
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Wicomico
STREET ADDRESS Rural (If rural, give location)

3. NAME OF DECEASED (Type or Print): (First) Theresa (Middle) Vincentia (Last) Thomas
4. DATE OF DEATH: (Month) 11/ (Day) 18/ (Year) 1951

5. SEX: female
6. COLOR OR RACE: colored
7. SINGLE, MARRIED, WIDOWED, DIVORCED. (Specify): single
8. DATE OF BIRTH: 11/18/51
9. AGE last birthday: yrs. — If under 1 year: Months — Days — If under 24 hrs.: Hours 5 — Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): ------
10b. KIND OF BUSINESS OR INDUSTRY: ------
11. BIRTHPLACE (State or foreign country): Maryland
12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: Joseph Andrew Thomas
14. MOTHER'S MAIDEN NAME: Mary C. Campbell

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): no (If yes, give war or dates of service): -----
16. SOCIAL SECURITY NO.: -------
17. INFORMANT AND ADDRESS: Joseph A. Thomas - Wicomico, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Probable central hemorrhage — 6 hrs

760.5 Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Premature - wgt 4 lbs

1600 (c) anoxia; No post-mortem

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION — 19b. MAJOR FINDINGS OF OPERATION — 20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) — PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY — (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. — INJURY OCCURRED While at Work ☐ Not While At work ☐ — HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Nov 18, 19 51, to Nov 18, 19 51, that I last saw the deceased alive on Nov 18, 19 51, and that death occurred at 12 00 m., from the causes and on the date stated above.

SIGNATURE Roy Smythers (Degree or title) MD — ADDRESS Mechanicsville — DATE SIGNED 11/18/51

23. BURIAL, CREMATION, REMOVAL (Specify): Burial — DATE THEREOF: 11/19/51 — NAME OF CEMETERY OR CREMATORY: St. Marys Cemetery — LOCATION (City, town, or county) (State): New Port, Md.

DATE REC'D BY LOCAL REG. 11/19/51 — REGISTRAR'S SIGNATURE: Julia H. Cheney

24. FUNERAL DIRECTOR — ADDRESS: P.B. Robinson - Leonardtown, Md.

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BUREAU V. S.

10920

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 104

1. PLACE OF DEATH:

County: Charles

City or town: Issue, Maryland (If outside city or town limits, write RURAL and give nearest town)

How long in above place of death? 3 months

Hospital, institution, or street address where death occurred: Home

How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)

State: Maryland County: Charles

City or town: Issue (If outside city or town limits, write RURAL and give nearest town)

Street No. (If rural, give LOCATION)

2.(a) If veteran, name war

3. (a) FULL NAME: Doris Anne Watson

3. (b) Social Security Number:

4. Sex: Female

5. Color or race: Col.

6.(a) Single, married, widowed, or divorced: Single

6.(b) Name of husband or wife: Infant

6.(c) If alive, give age ... years

7. Birth date of deceased (mo., day, yr.): July 17, 1951

8. AGE: Years: — Months: 3 Days: 22 If less than one day ... hrs. ... min.

9. Birthplace: Issue - Charles - Md (Town, county, and state)

10. Usual occupation

11. Industry or business

FATHER: 12. Name: Jerome Watson, Jr. 13. Birthplace: Newburg, Md

MOTHER: 14. Maiden name: Jane Briscoe 15. Birthplace: Rock Point, Md

16. Informant: Jane Briscoe Address: Issue, Md

17. Burial (Burial, cremation, or removal. Which?) Date thereof: 11/10/51 (month) (day) (year)

Cemetery or crematory: Holy Ghost

Location: Issue, Maryland

18. Funeral director: Jerome Watson Address: Newburg, Md

19. 11/9 1951 (Date rec'd by registrar) William Greer Registrar

40 117 [illegible]

MEDICAL CERTIFICATION

20. DATE OF DEATH: Nov. 9, 1951 at ... M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Nov. 7, 1951 to Nov 9 1951 and that I last saw her alive on Nov. 7 1951

Immediate cause of death: Illum Colitis — DURATION: 1 week

Due to: 571.0

Due to:

Other conditions:

119a (Include pregnancy within 3 months of death)

Major findings of operations: ... Date of op.

Autopsy results:

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide: ... Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury: Injured at work?

23. SIGNATURE: T. L. Higgins, M. D. or other

Address: Waysides Date signed: Nov. 9, 51

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS A15 9-45-15M

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